

Name
in
Full

George Wesley Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

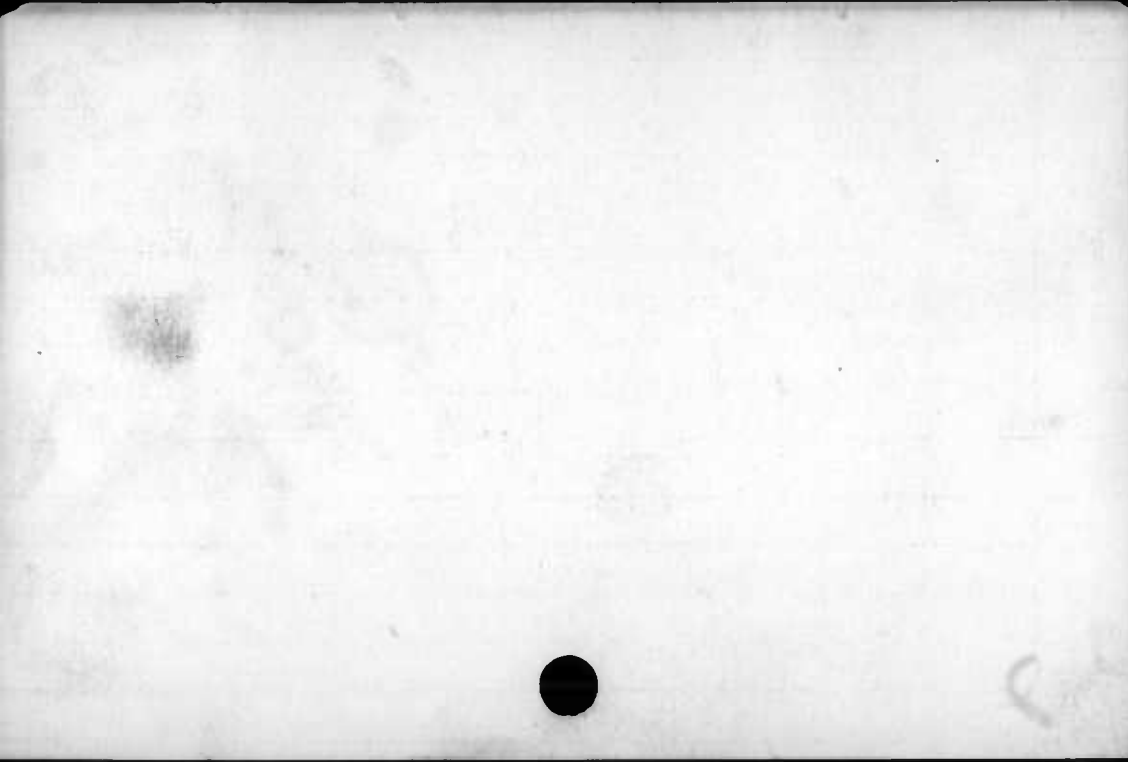
Died at		North East Cecil		County		MD MARYLAND	
Date of death		1907	Month April	Day 11	Age 58	Months Dec	Days 18
Sex	Male		Color or Race	Colored		Birth-place	Chestertown
Occupation	Barber		Where Residing if not at place of death		at Place of Death		
Married, Single or Widowed	Married		Name of Wife or Husband	Martha Anderson			
Father's Name	Charles Anderson				Father's Birthplace	Kent Co	
Mother's Maiden Name	Charlotte Bunn				Mother's Birthplace	Kent Co	
Name of person giving information	George E. Anderson				How related to deceased	Son	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis Lungs		How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
<input checked="" type="checkbox"/> Accident or Suicide?		B. B. [Signature] N. R. [Signature]	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Pleasant Hill</i>		Town <i>Cecil</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>April</i>	Day <i>26</i>	Age <i>36</i>	Years	Months <i>11</i>	Days
Sex <i>Female</i>		Color or Race <i>white</i>		Birth place <i>Bayview</i>			
Occupation <i>Housekeeper</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Lamott Anderson</i>					
Father's Name <i>Jessie Ganner</i>		Father's Birthplace <i>Cecil Co</i>					
Mother's Maiden Name <i>Sarah Hingle</i>		Mother's Birthplace <i>Pa</i>					
Name of person giving information <i>R. Lamott Anderson</i>		How related to deceased <i>husband</i>					

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary	<i>Chronic Gastro-intestinal Catarrh</i>	How long	<i>3 years</i>
Immediate	<i>convulsions</i>	How long	<i>About two hours</i>
Are the name, age, sex, color, date and place correctly given above?		Yes -	
Signature of Physician		<i>Chas. H. Miller</i>	
Address		<i>North East. Md.</i>	
Accident or Suicide?			

Bayview

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

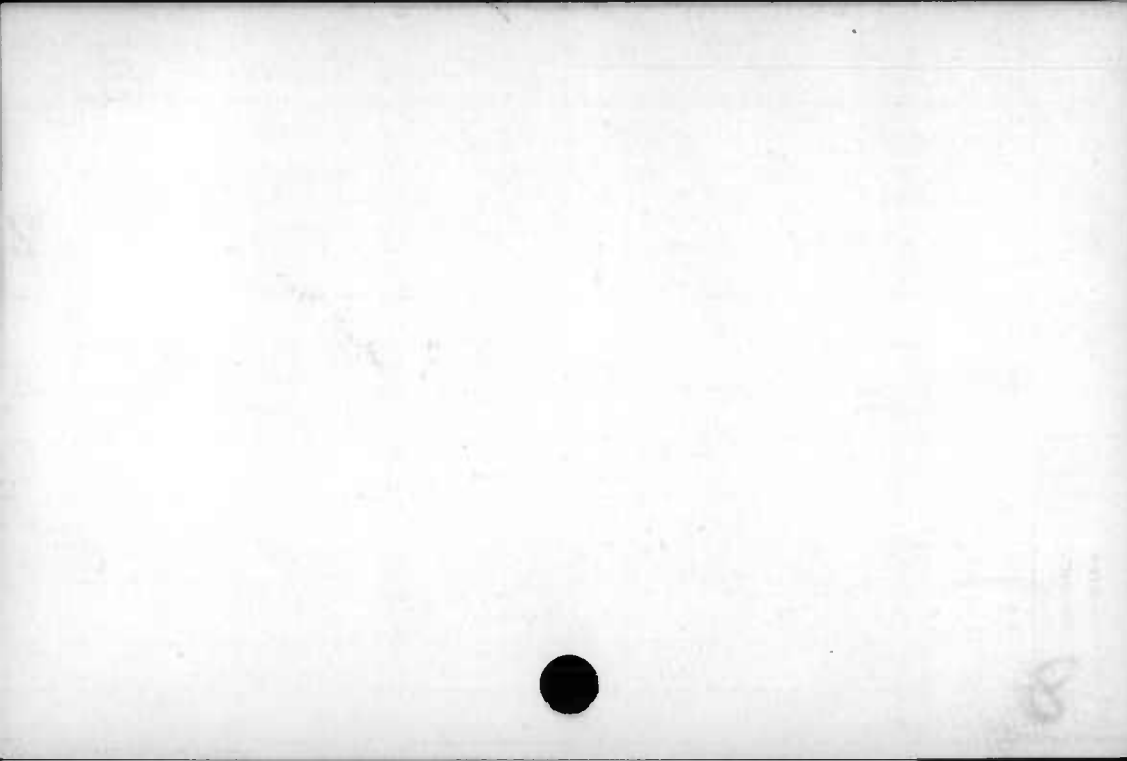
Died at <i>Near Earleville</i> Town <i>Cecil</i> County		MARYLAND			
Date of death <i>1907</i>	Month <i>4</i>	Day <i>21</i>	Age <i>1</i> Years	Months <i>6</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>Cecil Co, Md</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Robert Bailey</i>		Father's Birthplace <i>Va—</i>			
Mother's Maiden Name <i>Lelia Rico</i>		Mother's Birthplace <i>Cecil Co Md</i>			
Name of person giving information <i>Robert Bailey</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Pneumonia</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>M. B. ...</i>
	Address <i>Cecil Co Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

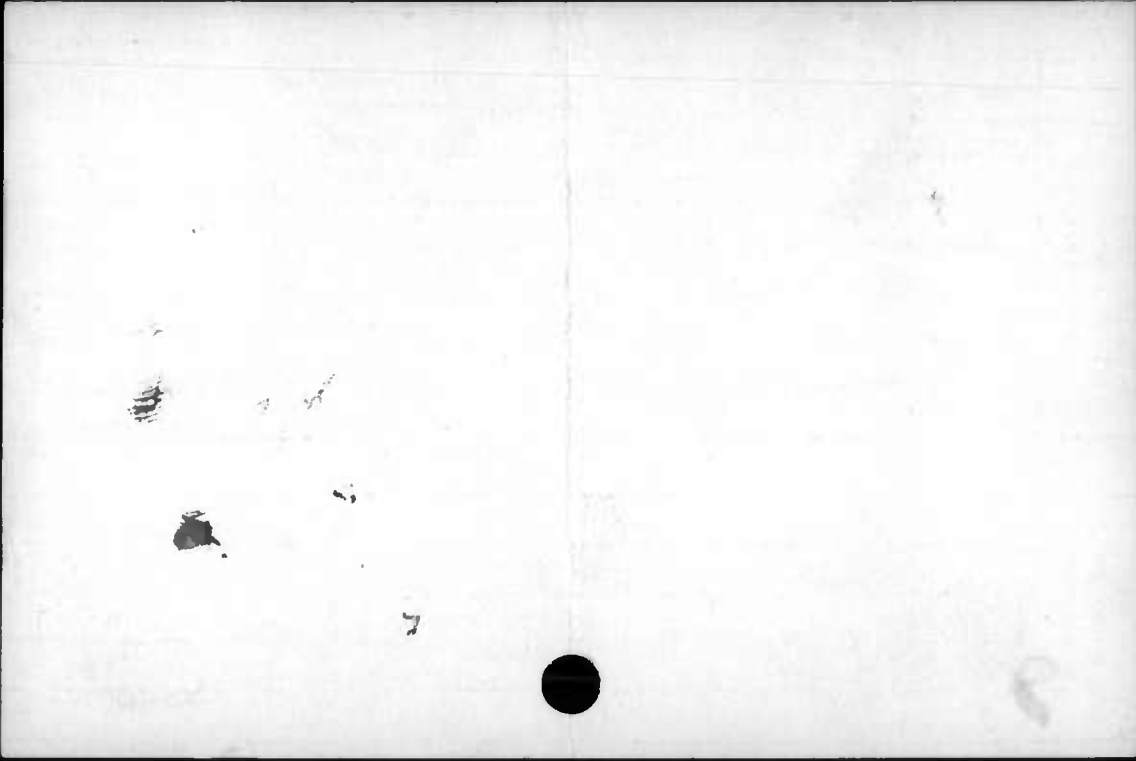
Died at <i>Colora</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>4th</i>	Day <i>28th</i>	Age <i>61</i> ^{Years}	Months <i></i> Days <i></i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Colora</i>		
Occupation <i>Nurseryman</i>	Where Residing if not at place of death <i></i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Myra Stwater</i>				
Father's Name <i>Lloyd Balderson</i>	Father's Birthplace <i>Penna</i>				
Mother's Maiden Name <i>Catharine Canby</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Edward Balderson</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <i>La-grippe</i>	How long <i></i>
Immediate <i>Typhoid condition (Exhaustion following)</i>	How long <i>4 day's</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Ernest Rowland</i>
	Address <i>Liberty Evor</i>
Accident or Suicide? <i></i>	<i>yes</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Corrywong</i>		Town		County		Maryland	
Date of death	1907	Month	April	Day	17th	Years	50
Sex	Female	Color or Race	Colored	Birth-place	Rowlandsville	Months	6
Occupation	Housekeeper			Where Residing if not at place of death			
Married, Single or Widowed	Widowed			Name of Wife or Husband			
Father's Name	John Henam B. ryer			Father's Birthplace			
Mother's Maiden Name	Hannah Boddy			Mother's Birthplace			
Name of person giving information	Annie P. Taylor			How related to deceased			
				Adopted daughter			

CAUSES OF DEATH

46

PHYSICIAN
OR CORONER

Primary	Abdominal Tumor	How long	Six months
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		J. B. Stice	
		Address	
		Rising Sun	
		Md.	
Accident or Suicide?			

0.6.1

1



Name
in
Full

Abraham F Bond

CERTIFICATE OF DEATH

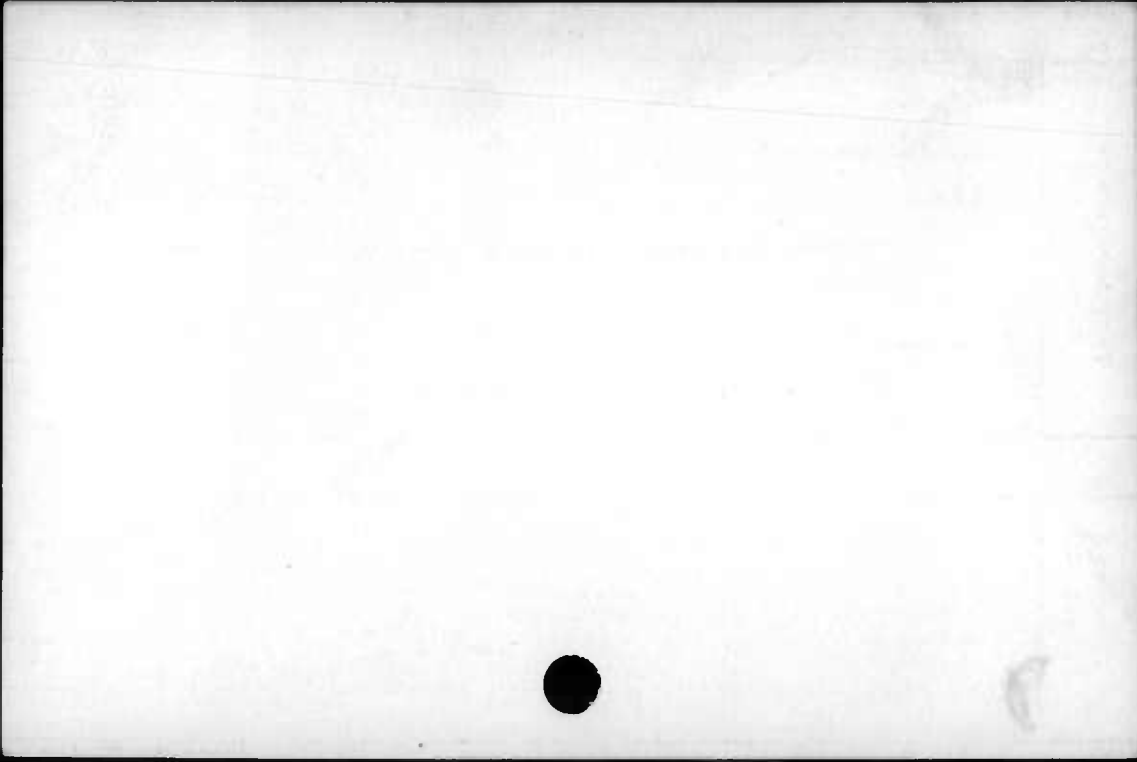
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Port-Deposit</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>April</i>	Day <i>14</i>	Age <i>54</i>	Years <i>—</i> Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Near Port-Deposit</i>		
Occupation <i>Labourer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Anna Bond</i>				
Father's Name <i>Peter Bond</i>	Father's Birthplace <i>Cecil Co</i>				
Mother's Maiden Name <i>Leah Jones</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Anna Bond</i>		How related to deceased <i>Wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart Disease</i>	How long <i>about 6 months</i>
Immediate <i>Emphysema</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. D. Clummon</i>
	Address <i>Port Deposit Md</i>
Accident or Suicide? <i>—</i>	



Name
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Full

Mary Clark

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

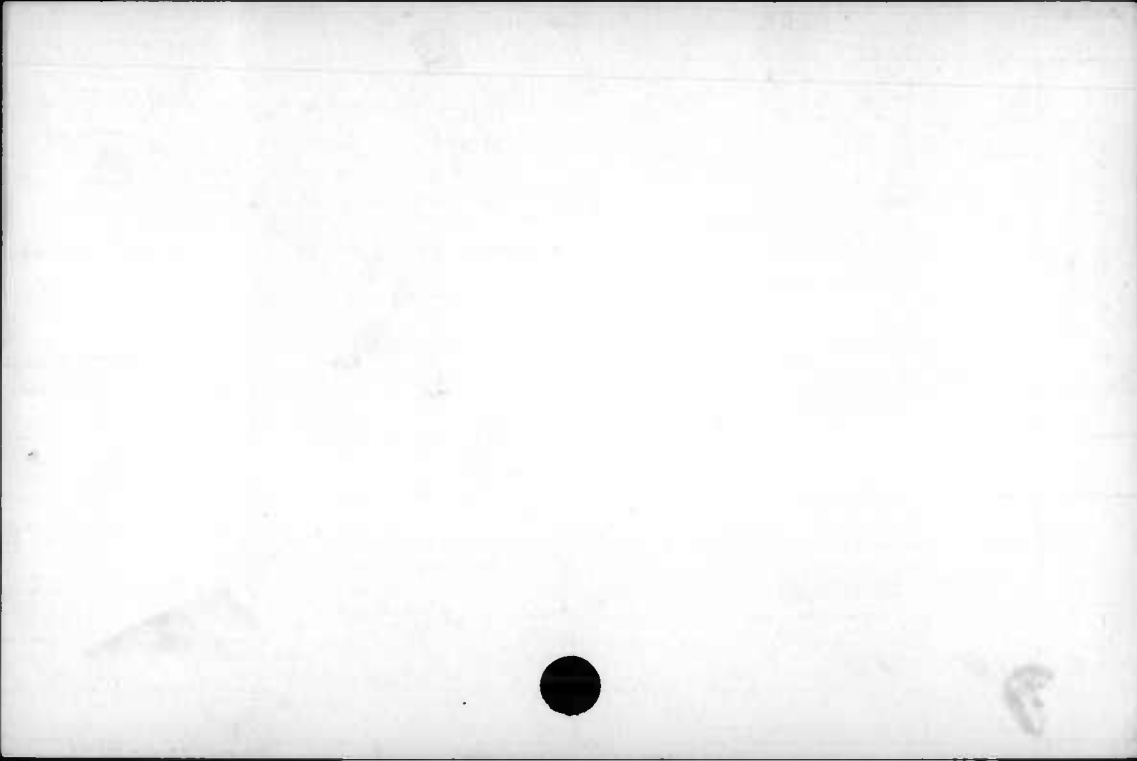
Died at <i>Exar Port Deposit</i>		Town <i>Cecil</i>		County		MARYLAND	
Date of death <i>1907</i>	Month <i>April</i>	Day <i>3</i>	Age <i>74</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Cecil Co</i>				
Occupation <i>Housekeeping</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband					
Father's Name <i>John Trader</i>			Father's Birthplace <i>Cecil Co</i>				
Mother's Maiden Name <i>Sallie Hawkins</i>			Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Sophia Clark</i>			How related to deceased <i>Sister-in-law</i>				

CAUSES OF DEATH

130

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>one year</i>
Immediate <i>Transition</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S. H. Brown</i>
	Address <i>Port Deposit</i>
Accident or Suicide? <i>7</i>	



Name
in
Full

William C Collins

CERTIFICATE OF DEATH

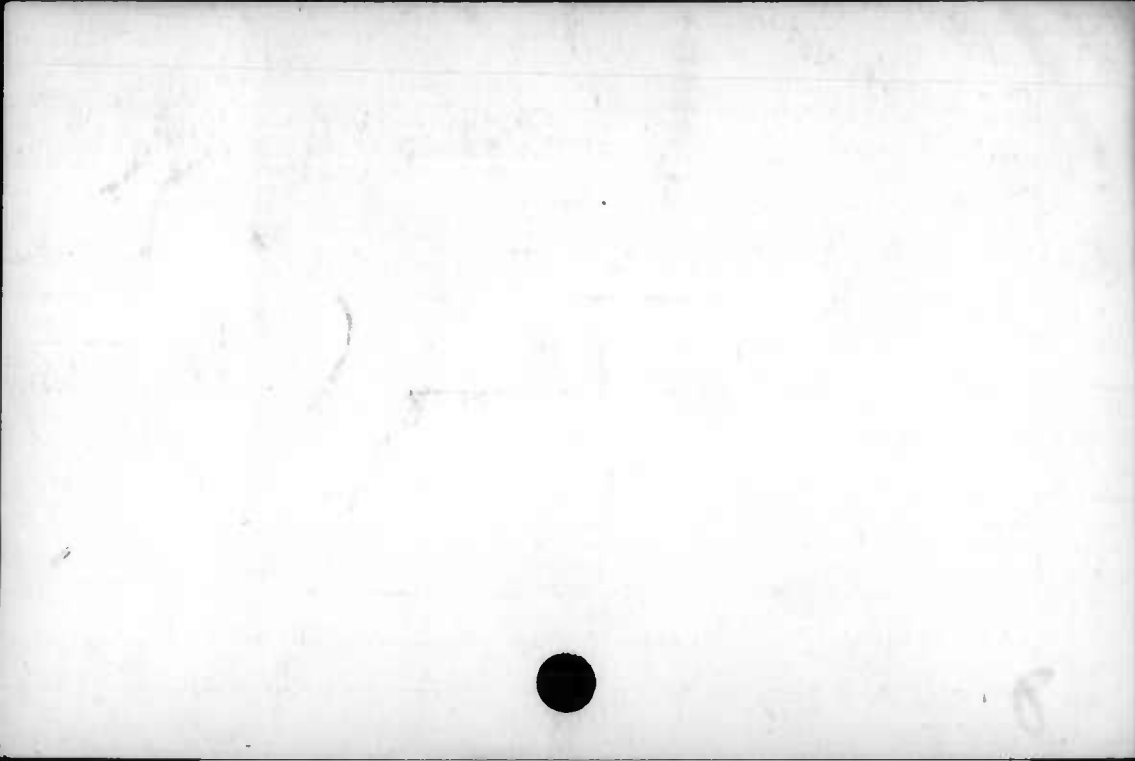
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Port-Deposit-</u> ^{Town}		<u>Cecil</u> ^{County}		MARYLAND	
Date of death	<u>1907</u> ^{Month} <u>April</u> ^{Day} <u>13</u>	Age	<u>66</u> ^{Years}	Months	<u> </u> ^{Days} <u> </u>
Sex	<u>Male</u>	Color or Race	<u>Coloured</u>	Birth-place	<u>Va</u>
Occupation	<u>Laborer</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Widowed</u>	Name of Wife or Husband	<u>Unknown</u>		
Father's Name	<u>Riley Collins</u>		Father's Birthplace	<u>Va</u>	
Mother's Maiden Name	<u>Lucy Cole</u>		Mother's Birthplace	<u>Va</u>	
Name of person giving information	<u>Richard Collins</u>		How related to deceased	<u>Brother</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Paralysis</u>	<u>(66)</u>	How long	<u>2 1/2 Mos.</u>
Immediate				
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>J. H. Fisher</u>	
		Address	<u>Port Deposit, Md.</u>	
Accident or Suicide?	<u>No</u>			



Name
in
Full

Cook 3d District

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Elk Mills		Cecil		MARYLAND	
Date of death	1907	Month	April	Day	22	Age	22
Sex		Female		Color or Race		White	
Occupation		Housewife		Where Residing if not at place of death		Maryland	
Married, Single or Widowed		Single		Name of Wife or Husband		Elizabeth H. Cook	
Father's Name		William A. Jackson		Father's Birthplace		Maryland	
Mother's Maiden Name		Sarah Deever		Mother's Birthplace		Maryland	
Name of person giving information		Charles Cook		How related to deceased		Husband	

CAUSES OF DEATH

29

PHYSICIAN
OR CORONER

Primary	Tuberculosis? of Bowels	How long	4 mos -
Immediate	Exhaustion	How long	several days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Howard Bratten	
Address		Elk Mills Md	
Accident or Suicide?			

176

Name
in
Full

Henry H Evans

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Elmton		County Cecil		MARYLAND	
Date of death		1907	Month Apr	Day 25	Age 83	Years	Months —
Sex Male		Color or Race White		Birth- place Ind			
Occupation Iron Worker		Where Residing if not at place of death —					
Married, Single or Widowed Widower		Name of Wife or Husband Deceased Sara A Davidson					
Father's Name John Evans		Father's Birthplace Md					
Mother's Maiden Name Isabella Work		Mother's Birthplace Md					
Name of person giving In formation George Evans		How related to deceased Son					

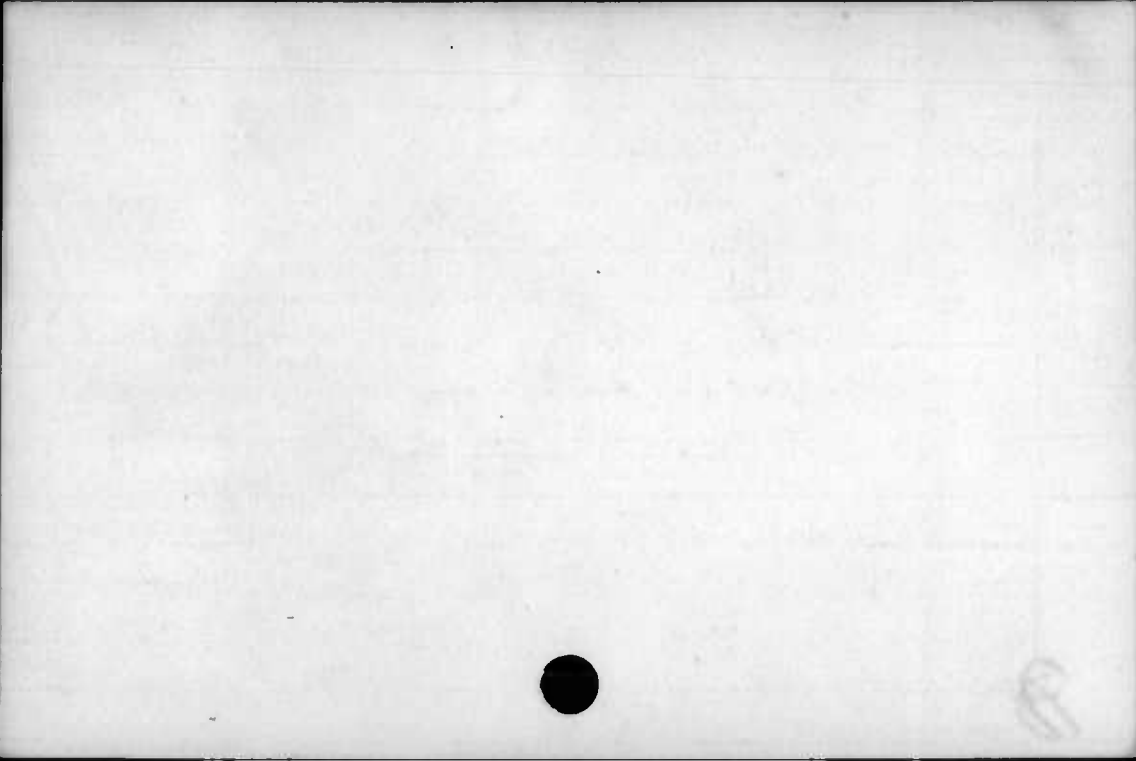
Buried at Cherry Hill

CAUSES OF DEATH

(81)

PHYSICIAN
OR CORONER

Primary	Arterial Sclerosis	How long	Several years
Immediate	—	How long	—
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. Arthur Mitchell MD	
Address		Elkton Ind	
Accident or Suicide?			



Name
in
Full

Alberta Hrisler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Wholesome		County Cecil		MARYLAND	
Date of death		Month Apr	Day 16	Age 13	Years	Months	Days
Sex Female		Color or Race white		Birth- Place Wholesome			
Occupation none				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name Jasper Hrisler				Father's Birthplace N. J.			
Mother's Maiden Name Catherine Mull				Mother's Birthplace P. Penn			
Name of person giving In formation Joseph Hrisler				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long	6 years
Immediate	How long	
Are the name, age, sex, color, date and place correctly given above?		
Signature of Physician B. Hrisler		Address N. J.
Accident or Suicide?		

Chas
W. H. H.
H. H. H.

W. H. H.
H. H. H.

Name
in
Full

CERTIFICATE OF DEATH

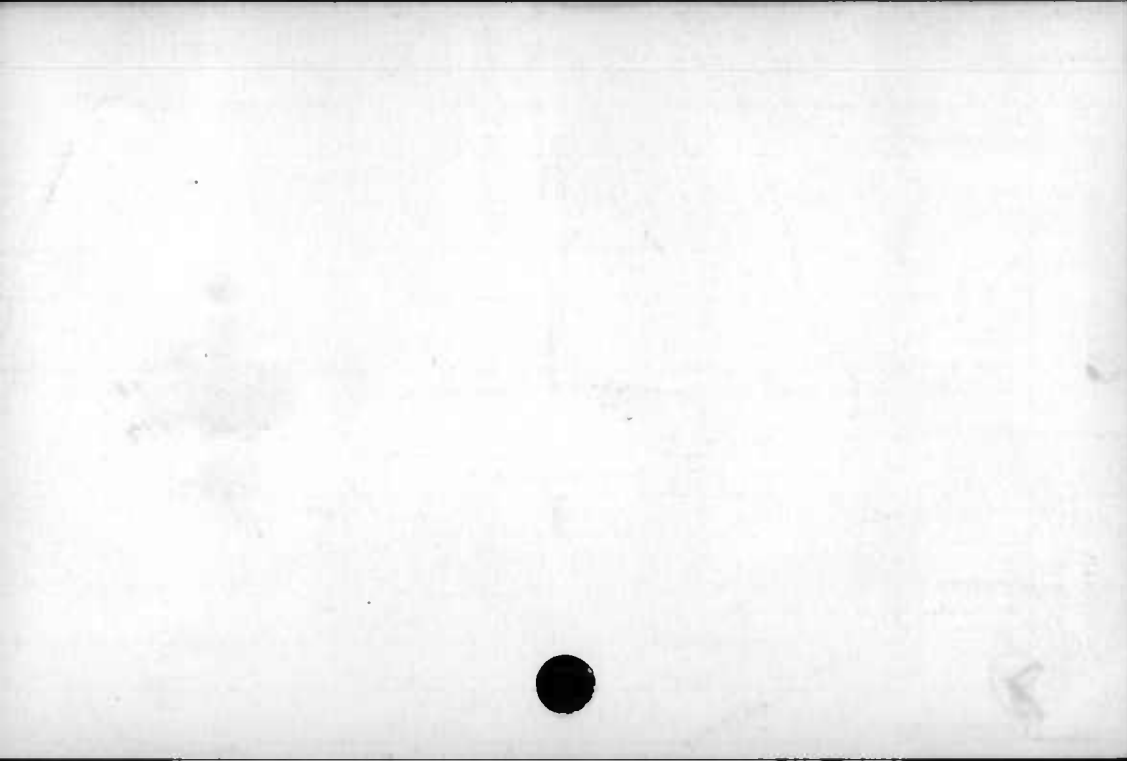
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Cecil</i>		Town <i>Cecil</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>4</i>		Day <i>23</i>		Age <i>61</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Cecil Co., Md.</i>		Months _____ Days _____	
Occupation _____				Where Residing if not at place of death _____			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____					
Father's Name <i>Ambrose Owens</i>		Father's Birthplace <i>Cecil Co., Md.</i>					
Mother's Maiden Name <i>Margaret Egan</i>		Mother's Birthplace _____					
Name of person giving information <i>Charles Griffith</i>		How related to deceased <i>Brother in Law</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>66</i>	How long
Immediate <i>Paralysis</i>		How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>R M Black</i>
		Address <i>Cecil Co. Md.</i>
Accident or Suicide? <i>D</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mr Pleasant</i> <small>Town</small>		<i>Beal</i> <small>County</small>		MARYLAND	
Date of death	<i>907</i> <small>Month</small>	<i>30</i> <small>Day</small>	Age <i>18</i> <small>Years</small>	<i>1</i> <small>Months</small>	<i>27</i> <small>Days</small>
Sex <i>male</i>	Color or Race <i>white</i>		Birthplace <i>Beal Co Md</i>		
Occupation <i>Laborer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>single</i>	Name of Wife or Husband				
Father's Name <i>Merritt J Pierce</i>	Father's Birthplace <i>Laurel Md</i>				
Mother's Maiden Name <i>Philena G Broomell</i>	Mother's Birthplace <i>Chesler Pa</i>				
Name of person giving information <i>Merritt J Pierce</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Lobar Pneumonia</i>	How long <i>7 days</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Ernest Rowland</i>
<i>9</i>	Address <i>Liberty Grove, Md.</i>
*Accident or Suicide?	

Chas. B. Smith
Thames
of
London
England

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

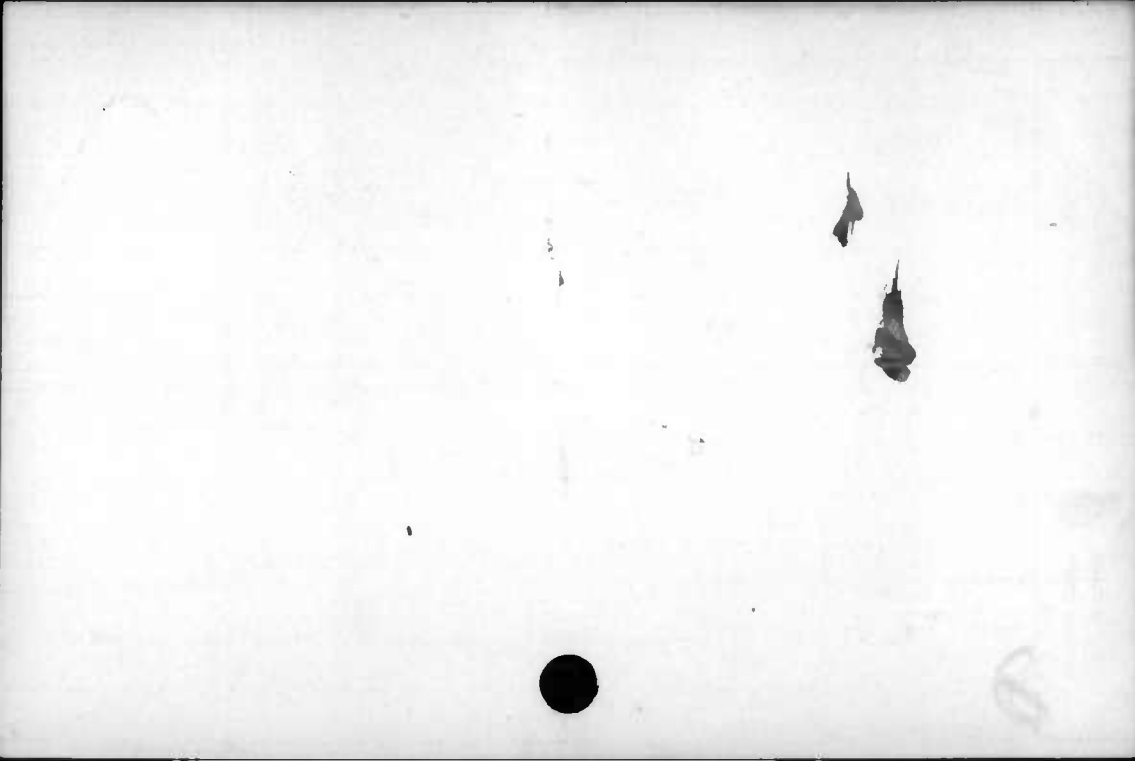
MARYLAND

Died at *Near Earleville* ^{Town} *Cecil* ^{County}Date of death *1907* ^{Month} *4* ^{Day} *29* ^{Age} *74* ^{Years} *74* ^{Months} *74* ^{Days}Sex *Male* Color or Race *White* Birth-place *N.J.*Occupation *Farmer* Where Residing if not at place of death *N.J.*Married, Single or Widowed *Widower* Name of Wife or Husband *N.J.*Father's Name *Charles Powell* Father's Birthplace *N.J.*Mother's Maiden Name *Elizabeth Cressey* Mother's Birthplace *N.J.*Name of person giving information *Mrs. M. W. Dickerson* How related to deceased *N.J.*

CAUSES OF DEATH

120

Primary *Chronic Bright's* How long *48 hours*
Immediate *Uremia* How long *48 hours*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *R. M. Blood*Address *Berlinton*Accident or Suicide? *no*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

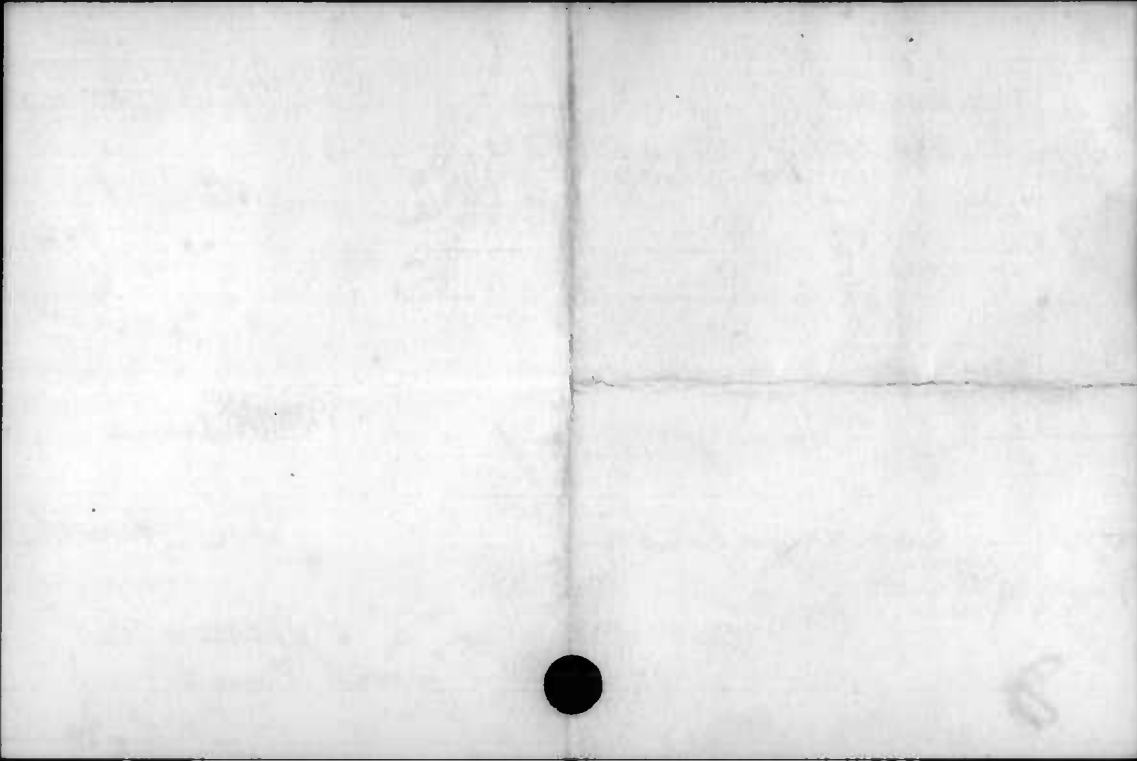
Died at <i>North East</i> ^{Town}		<i>local</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>April</i>	Day <i>30th</i>	Years <i>23</i>	Months <i>April</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>	Age <i>23</i>		Days <i>30</i>	Birth-place <i>North East</i>
Occupation <i>Labourer</i>		Where Residing if not at place of death <i>North East</i>			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>George Ray</i>		Father's Birthplace <i>Kentucky</i>			
Mother's Maiden Name <i>Hester Smith</i>		Mother's Birthplace <i>Birmingham</i>			
Name of person giving information <i>George Ray</i>		How related to deceased <i>Brother</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Consumption</i>	How long	<i>75 years</i>
Immediate	<i>Hemorrhage</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>L. F. Hammick M.D.</i>	
<i>Yes</i>		Address <i>North East</i>	
Accident or Suicide?		<i>Maryland</i>	



Name
in
Full

Lincy Wilson Roney.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>North East</i> Town		<i>Cecil</i> County			
Date of death	Month	Day	Years	Months	Days
<i>1907</i>	<i>April</i>	<i>23</i>	<i>37</i>	<i>3</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>North East</i>		
Occupation <i>House Keeper</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>			Name of Wife or Husband <i>James A. Roney</i>		
Father's Name <i>E. P. Lowe</i>			Father's Birthplace <i>Cecil Co</i>		
Mother's Maiden Name <i>Fanny Roach</i>			Mother's Birthplace <i>Cecil Co</i>		
Name of person giving information <i>James A. Roney</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Consumption</i>	<i>27</i>	How long	<i>Six Months</i>
Immediate				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
<i>yes</i>		<i>Dr. F. Hammick</i>		
		Address		
		<i>North East</i>		
Accident or Suicide?				



Name

in
Full

Joseph Orrin Smith

CERTIFICATE OF DEATH

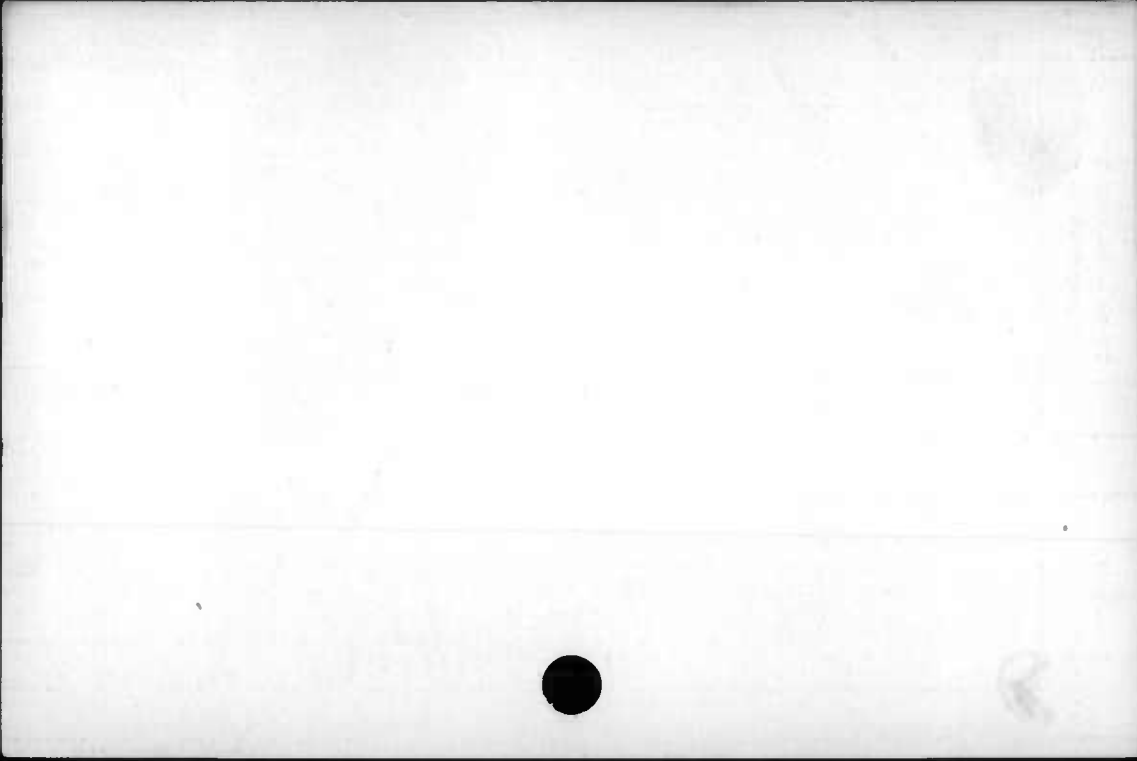
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Port Deposit</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>April</i>	Day <i>30</i>	Age <i>47</i>	Years	Months
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Baltimore</i>		
Occupation <i>Blacksmith</i>			Where Residing if not at place of death <i>Port Deposit</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Margaret Smith</i>			
Father's Name <i>Daniel Smith</i>			Father's Birthplace <i>Baltimore</i>		
Mother's Maiden Name <i>Rebecca Mullin</i>			Mother's Birthplace <i>Baltimore</i>		
Name of person giving information <i>Francis P. Kerwin</i>			How related to deceased <i>Not at all</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>1 year</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. B. Fisher</i>
	Address <i>Port Deposit, Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Emma Spencer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

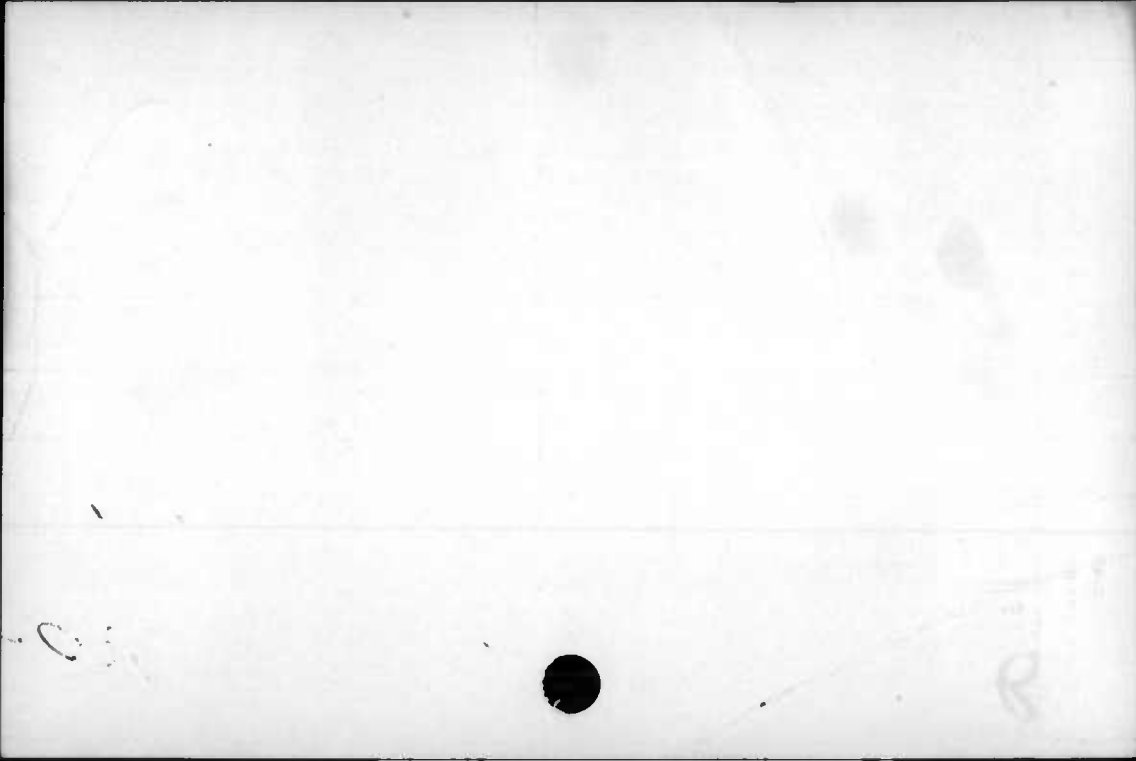
Died at <i>Becciton</i> Town		<i>Beccil</i> County		MARYLAND	
Date of death 907	Month 4	Day 9	Age 57	Months	Days
Sex Female	Color or Race Colored	Birth-place Maryland			
Occupation Housewife	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband Abraham Spencer				
Father's Name George William	Father's Birthplace Maryland				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information Thadden Brown	How related to deceased None				

CAUSES OF DEATH

43

PHYSICIAN
OR CORONER

Primary Cause of Breast	How long Ten month
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician R M Black
	Address Becciton Md
Accident or Suicide?	



Name in Full		Isaac S. Strahorn 4 th Dist				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Fair Hill		Cecil		MARYLAND	
	Date of death	1907	April	29	Age	65	Months - Days -
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Hermet.		Where Residing if not at place of death			
	Married, Single or Widowed	Married		Name of Wife or Husband			
	Father's Name	Jonathon Strahorn				Father's Birthplace	Avondale Pa.
	Mother's Maiden Name	Martha Williamson				Mother's Birthplace	New Garden Pa.
Name of person giving information	Amanda Strahorn				How related to deceased	Wife	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Hardening of Arteries				How long	6 mo.
	Immediate	Apoplexy				How long	7 days
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
	Yes				Address		
Accident or Suicide?				F. B. West - Kemblesville Pa.			

5.1

221



Name

in
Full

Theresa Margarie Valentine

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Andora</u> ^{Town}		<u>Cecil</u> ^{County}		MARYLAND	
Date of death <u>1907</u> ^{Month} <u>April</u> ^{Day} <u>14</u>		Age <u>1</u> ^{Years}		Months <u>11</u> Days	
Sex <u>Female</u>		Color or Race <u>Colored</u>		Birth-place <u>Andora</u>	
Occupation <u> </u>		Where Residing if not at place of death <u> </u>			
Married, Single or Widowed <u> </u>		Name of Wife or Husband <u> </u>			
Father's Name <u>Lipson Valentine</u>		Father's Birthplace <u>Morgland</u>			
Mother's Maiden Name <u>Catherine Congo</u>		Mother's Birthplace <u>Ottawa</u>			
Name of person giving information <u>Lipson Valentine</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

(105)

PHYSICIAN
OR CORONER

Primary	<u>Gastro-enteritis</u>	How long	<u>10 days</u>
Immediate	<u>Exhaustion heart failure</u>	How long	<u>few hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Howard Brannon</u>	
		Address <u>Elkin Md</u>	
<input checked="" type="checkbox"/> Accident or Suicide			

178-

Name
In
Full

Charles E Watson

CERTIFICATE OF DEATH

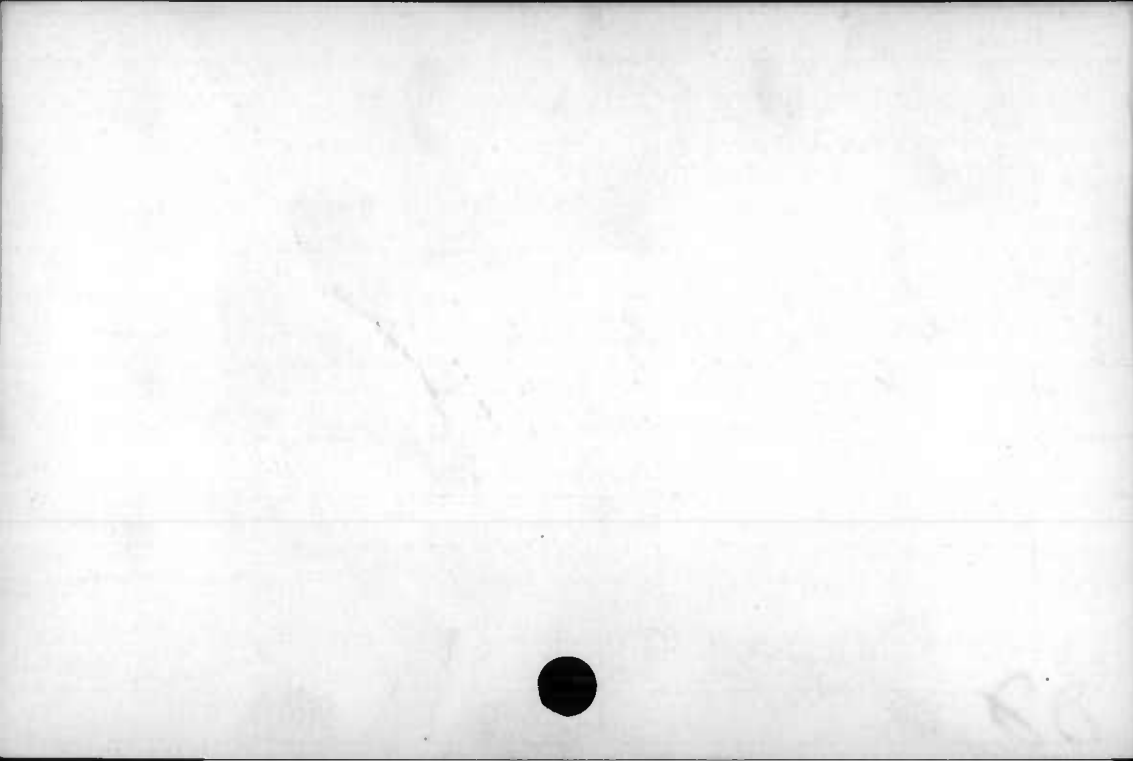
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chesapeake City</i> ^{Town}		<i>Seale</i> ^{County}		MARYLAND	
Date of death <i>1904</i>	Month <i>4</i>	Day <i>6</i>	Age <i>4</i>	Years <i>4</i>	Months <i>5</i> Days <i>x</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Chesapeake City</i>		
Occupation <i>Infant</i>			Where Residing if not at place of death <i>h</i>		
Married, Single or Widowed <i>x</i>		Name of Wife or Husband <i>x</i>			
Father's Name <i>Charles E Watson</i>			Father's Birthplace <i>Chesapeake City</i>		
Mother's Maiden Name <i>Margaretta Borge</i>			Mother's Birthplace <i>Chesapeake City</i>		
Name of person giving information <i>Margaretta Watson</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>9</i>	How long <i>—</i>
Immediate <i>Chronic Laryngitis</i>	How long <i>30 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W C Harsner</i>
<i>x</i>	Address <i>Chesapeake City Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

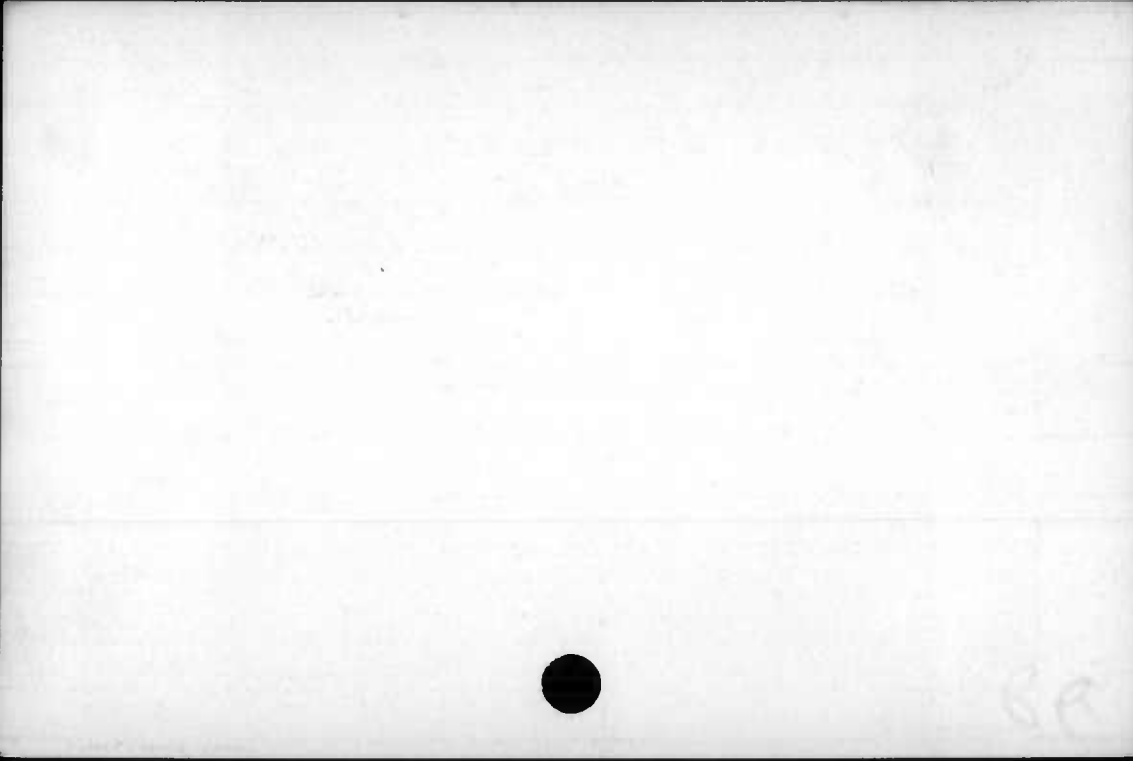
Died at <i>near Elkton</i>		Town <i>Elkton</i>		County <i>Beebe</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>April</i>	Day <i>26</i>	Age <i>70</i>	Years <i>Don't know</i>	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Pa</i>				
Occupation <i>Had none</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Samuel W. Betterill</i>		Father's Birthplace <i>Pa</i>					
Mother's Maiden Name <i>Jane Locke</i>		Mother's Birthplace <i>Pa</i>					
Name of person giving information <i>A. W. Betterill</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Interstitial Nephritis</i>		How long	<i>15 years</i>
Immediate	<i>Uraemia</i>		How long	<i>one week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
<i>yes</i>		<i>Howard Bratten</i>		
<i>Age 70?</i>		Address		
		<i>Elkton Md</i>		
Accident or Suicide?				



Name
in
Full

Frank Winchester

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Perryville</i> Town		<i>Cecil</i> County			
Date of death	<i>1907</i>	Month <i>April</i>	Day <i>29</i>	Age <i>47</i> Years	Months <i>6</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Cecil Co</i>		
Occupation <i>Carpenter</i>			Where Residing if not at place of death <i>Philadelphia Pa</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Annie Winchester</i>				
Father's Name <i>John Winchester</i>	Father's Birthplace <i>Cecil Co</i>				
Mother's Maiden Name <i>Elizabeth Martin</i>	Mother's Birthplace <i>Pa</i>				
Name of person giving information <i>Lydia Brickley</i>	How related to deceased <i>Sister</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Uraemic Convulsion</i>	How long <i>Hours</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. M. Stump</i>
	Address <i>Perryville Md</i>
<i>D</i> Accident or Suicide?	

120

